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Bib Data Sheet

SERIAL NUMBER 10/792,086	FILING OR 371(c) DATE 03/03/2004 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 29917/04000
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APPLICANTS

Challen W. Waychoff II, Piedmont, OH;

** CONTINUING DATA *****

NONE

** FOREIGN APPLICATIONS *****

NONE
*87104
MAN*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/21/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
OH	5	13	4

ADDRESS

 CHALLEN W. WAYCHOFF II
 34798 NELSON DRIVE
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TITLE

Colon hydrotherapy device

FILING FEE RECEIVED 428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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